

Health under the Global Gateway: achievements and future prospects

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SUMMARY

The EU has increasingly positioned global health as a strategic component of its external action through the EU Global Health Strategy and the Global Gateway initiative. While health is formally one of the Global Gateway's five priority sectors, it remains a relatively small part of the portfolio, accounting for less than 10 % of flagship projects. This gap between ambition and implementation raises questions about whether the Global Gateway is delivering on its health objectives and the commitments set out in the EU Global Health Strategy.

This paper examines the health dimension of the Global Gateway by analysing flagship projects between 2023-26. It finds a strong focus on infrastructure investments, particularly water and sanitation and pharmaceutical manufacturing, with less emphasis on health systems strengthening and primary healthcare. Investments are also concentrated in sub-Saharan Africa and Latin America.

The analysis also explores how health objectives are operationalised through Team Europe Initiatives and the Global Health Resilience Initiative. While some programmes, particularly those supporting local manufacturing of medical countermeasures, demonstrate strong political commitment and resource mobilisation, implementation across the portfolio remains uneven. Limited transparency on financing, governance arrangements and results further constrains accountability and learning.

Amid declining health aid, rising geopolitical competition, and growing emphasis on resilience, the paper finds that health should be elevated as a cross-cutting pillar of the Global Gateway. This will require stronger links between investment, research, diplomacy and partner-country priorities, alongside improved coordination, accountability and anchored in country ownership.



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EXECUTIVE SUMMARY

Cooperation on health is viewed as a strategic part of the European Union's external action, as articulated in the EU Global Health Strategy (2022) and the Global Gateway launched in 2021. In formal terms, health is one of the five priority sectors of the Global Gateway, alongside digital, climate and energy, transport, and education and research. In practice, however, health has not emerged as a central part of the initiative.

Despite explicit political framing, health-related flagship projects account for less than 10% of the Global Gateway's consolidated portfolio, significantly lagging behind climate and energy, transport, and digital investments. This mismatch between stated ambition and implementation raises questions about the extent to which the Global Gateway – the EU's strategic policy on external investment – is delivering on its health objectives and on the broader commitments of the EU Global Health Strategy.

This paper examines the health dimension of the Global Gateway in order to assess its strategic rationale, implementation patterns and emerging gaps. It first analyses the composition of the Global Gateway's flagship health projects, identifying sectoral and geographical trends across the 2023-26 consolidated list of projects. The analysis reveals a strong emphasis on physical infrastructure (particularly water, sanitation, wastewater treatment and pharmaceutical manufacturing), with less investment in health systems strengthening, primary healthcare and human capital. Geographically, health initiatives are concentrated in sub-Saharan Africa and Latin America, with comparatively lower engagement in other regions.

The paper then situates Global Gateway health actions within the wider framework of the EU Global Health Strategy, as well as the recently adopted Global Health Resilience Initiative. It examines how health priorities are operationalised through flagship Team Europe Initiatives (TEIs), focusing on the EU–African Union Health Partnership, with five regional TEIs as case studies. It finds that some initiatives, notably the TEI on Manufacturing and Access to Vaccines, Medicines and Health Technologies, demonstrate solid political backing, substantial resource mobilisation and increasingly coherent coordination structures. Yet others remain more fragmented, with uneven visibility, patchy cross-initiative synergies and weak monitoring frameworks. Across the portfolio, there is limited transparency on financing flows, implementation arrangements and results, constraining accountability and learning.

The analysis is set against a rapidly evolving global context marked by declining official development assistance for health, heightened geopolitical competition, and a growing EU stress on resilience, preparedness and economic security. These trends create both opportunities and risks. More specifically, health cooperation could be elevated within an

overall geoeconomic narrative. But there is also a danger of investment priorities narrowing towards areas with immediate strategic returns, such as pharmaceutical manufacturing and crisis preparedness, at the expense of longer-term efforts aimed at health systems strengthening and primary healthcare.

It is essential to reposition health within the Global Gateway as a domain that systematically connects investment, R&I and diplomacy, anchored in greater country ownership, clearer governance and stronger coordination. This will help it to evolve from a collection of projects into a central pillar of the EU's long-term global engagement in health.

This repositioning also requires a more explicit recognition of the cross-cutting nature of health threats and their interconnections with climate change, migration dynamics and the resilience of critical infrastructure. As emphasised in the EU's Global Health Resilience Initiative, climate change, environmental degradation, displacement and insufficient access to basic infrastructure (such as water, sanitation and energy) are increasingly understood as structural drivers of health insecurity. Fragile infrastructure and overstretched health systems reduce countries' preparedness and response capacities.

In this context, the initiative also underscores the importance of strengthening health-related infrastructure, including laboratories, databases and digital health systems. It further points to digital connectivity and emerging technologies like telemedicine and AI as important enablers of resilient and responsive health systems.

The key policy implications emerging from the analysis highlight the need to:

- (i) strengthen coordination and governance linkages across EU internal and external financing, as well as research and health instruments;
- (ii) increase Global Gateway health investments, rebalancing health systems resilience and workforce capacity alongside infrastructure and manufacturing;
- (iii) link investment in preparedness and resilience more systematically to universal health-coverage objectives;
- (iv) improve transparency, monitoring and evaluation frameworks; and
- (v) promote partner-country ownership and more inclusive approaches to multistakeholder governance.

INTRODUCTION

Global health cooperation is a central feature of the EU's external policy and a strategic priority for sustainable development, human security and partnership building. The [EU Global Health Strategy](#) (2022) frames health as part of a global approach that links well-being, stability and prosperity. It identifies international partnerships, multilateral cooperation and strengthened health systems as primary objectives, all embedded in EU external action and the [Global Gateway](#) strategy launched in 2021.

Health is identified as one of the five priority sectors of the Global Gateway strategy, alongside digital, climate and energy, transport, and education and research. Even so, in practice it has not emerged as a major theme of the initiative in terms of political prioritisation, scale of investment or visibility. Health-related flagship projects account for less than 10% of the consolidated Global Gateway portfolio, raising questions about the extent to which the initiative delivers on its stated health ambitions and on the objectives of the EU Global Health Strategy (see Table 1 in Section 1.1.1).

The Global Gateway is intended to advance the EU's role as a reliable global partner while supporting partner countries' development and resilience agendas. It is carried out via Team Europe coordination, combining EU budget resources, Member State contributions, development finance institutions such as the European Investment Bank (EIB) and European Bank for Reconstruction and Development, and private sector capital. Over time, the Global Gateway has evolved beyond traditional aid paradigms. It reflects a hybrid development-geostrategic model, combining infrastructure investment with economic, industrial and geopolitical objectives ([ISPI, 2025](#), [CEPS, 2025](#)). Thus, it incarnates the international partnership approach, rather than a more traditional development, or donor–recipient, approach.

Beyond infrastructure and financing, the EU's external engagement on health is also one of the priorities of the [EU's Global Approach to Research and Innovation](#). This positions international R&I cooperation as a geopolitical asset, rather than solely a scientific endeavour. It specifically aims to 'strengthen the EU's leading role in supporting multilateral research and innovation partnerships to deliver new solutions to green, digital, health, social and innovation challenges'.

The 2023 [implementation report](#) on the Global Approach confirms that health, pandemic preparedness and resilient health systems are among the priority domains where international R&I partnerships deliver both global public goods and strategic value for the EU. It highlights the growing role of Horizon Europe in fostering equitable partnerships with low- and middle-income countries. These support local research ecosystems and connect scientific cooperation with broader external policy objectives, including Global

Gateway investments and Team Europe Initiatives (TEIs). Similarly, the 2025 [implementation report](#) underlines the importance of R&I for health as it underpins collective action on global health challenges, promotes shared scientific values and fosters effective international cooperation.

R&I partnerships have the potential to enable trust-based, long-term engagement, to help anchor Global Gateway investments in local knowledge systems and to support the translation of scientific advances into deployable solutions. Recent events convened by CEPS, including through our [Global Health Advisory Forum](#), have confirmed that partner countries consider R&I cooperation a very useful entry point for developing meaningful innovation and development pathways at the local level, for example in Africa.

However, despite strong conceptual alignment, the operational integration of the EU Global Approach to R&I with the Global Gateway strategy remains unclear, with limited visibility of how Horizon Europe instruments complement Global Gateway partnerships. Likewise, the Commission proposal for the 2028-34 Multiannual Financial Framework, while creating a clear relationship between Framework Programme 10 (FP10) and the European Competitiveness Fund, falls short of creating suitable bridges between FP10 and Global Europe. Notably, the latter encompasses EU cooperation programmes with all non-EU countries, except for the pre-accession beneficiaries and the overseas countries and territories of the geographical programmes.

In this respect, the Global Gateway (including its partnerships on health) also represents an underutilised form of [science diplomacy](#). By embedding research collaboration, regulatory cooperation and innovation ecosystems into partnerships, the EU can enhance political trust, promote shared norms and sustain engagement even amid geopolitical volatility. And R&I has enormous potential to act as connective tissue between development cooperation, economic security and external relations policy.

The recently adopted [Council Recommendation on a European Union framework for science diplomacy](#) calls for a more structured and operational approach to science diplomacy, with the Global Gateway explicitly identified among the key instruments for implementation. Crucially, it proposes integrating science diplomacy across EU external and research instruments, including the Global Gateway, Horizon Europe, and science and technology agreements, to ensure greater coherence and strategic impact. In this vein, the Global Gateway is positioned as a main delivery channel for science diplomacy action, tying research and innovation cooperation to geopolitical objectives, economic security and regional partnerships.

The need to stimulate synergies between all forms of EU international partnerships stems from a rapidly changing global context, with traditional development assistance [declining](#),

including in the area of health. The [OECD](#) projected that bilateral official development assistance (ODA) for health could fall by 14-29% in 2025, while the [World Health Organization](#) (WHO) warned that external health aid may drop 30-40% compared with 2023. These trends are driven in large part by cuts from major donor countries, especially the US, whose global health assistance in 2025-27 is forecast to be roughly half of 2024 levels, as well as reductions announced by traditional donors such as the UK, France and Germany.

While the EU and its Member States collectively remain among the world's largest donors of ODA, providing 42% of global ODA in 2023 ([Council of the EU, 2024](#)), pressures on development budgets are intensifying (see [Eurostat](#) figures). As underlined in the recent [CEPS analysis](#), as the traditional donors pull back, new players such as philanthropic foundations or private sector donors are taking on a greater role. The challenge ahead is to reimagine and rebuild more resilient, equitable and responsive architecture for global health.

Recent EU monitoring data further illustrate these pressures. While the EU remained broadly on track regarding its collective ODA commitment, broader financing flows to developing countries amounted to €120.6 billion in 2024, representing a 21.9% decrease compared with 2019 levels. The [2026 EU SDG monitoring report](#) consequently concludes that no overall short-term progress has been achieved under SDG 17 (Partnerships for the Goals), highlighting the increasingly challenging context for international cooperation and development financing.

This evolving situation also coincides with the preparation of the next [EU Multiannual Financial Framework](#) for the period post-2027, at a time when EU budgetary choices are increasingly shaped by competing priorities. Under the current Neighbourhood Development and International Cooperation Instrument (NDICI)–Global Europe, 20% of the EU's external budget for 2021-27 is earmarked for human development and social inclusion, including education and health, providing an important safeguard for social sectors. Still, the war in Ukraine, geopolitical tensions and growing concerns over strategic autonomy have increased EU attention on security, defence and competitiveness. In turn, this raises the risk that funding for international cooperation in human development sectors may be crowded out unless explicit safeguards are maintained or reinforced.

At the same time, the EU's renewed interest in [competitiveness](#) and [economic security](#) has reshaped its external action. Health cooperation is increasingly framed not only as a development objective but also as a component of resilience, supply chain security and crisis preparedness – reflecting lessons from the Covid-19 pandemic and concerns over strategic dependencies, as seen in the [Preparedness Union Strategy](#) (2025). This framing creates opportunities to elevate health within a broader geoeconomic narrative and

within the Global Gateway. But it also risks narrowing health engagement to areas with immediate strategic returns, such as pharmaceutical manufacturing and emergency preparedness, at the expense of broader efforts aimed at health systems strengthening and primary healthcare ([OECD, 2025](#)).

This tension is also visible in the EU's [Global Health Resilience Initiative \(GHRI\)](#), launched by the Commission on 13 May 2026. It places a strong emphasis on preparedness, rapid response and resilience at a time of growing global health risks and disinformation. As it expands the EU's role as a global health actor, it raises questions about how preparedness priorities will be balanced with sustained investments in health systems and universal health coverage under EU health partnerships and the Global Gateway. The EU [delineated](#) the GHRI as a means 'to define concrete avenues for effective action'. One Health is among these avenues, with over EUR 100 million pledged towards antimicrobial resistance activities involving cooperation and R&D.

In this light, the Global Gateway emerges as one of the few EU instruments with the potential to bridge financing and policy gaps between agendas on development, security and competitiveness. Its integrated approach – mobilising public and private finance, leveraging Team Europe coordination and combining investment with policy dialogue – offers a platform through which health cooperation could generate spillover effects. Yet, this potential can only be realised if health is more systematically embedded into Global Gateway portfolios and aligned with other EU instruments, including NDICI–Global Europe, Horizon Europe, the EU Global Health Strategy and future competitiveness-oriented funding streams under the next Multiannual Financial Framework.

Against this backdrop, this paper explores the health dimension of the Global Gateway. It examines the strategic rationale underpinning Global Gateway health actions and analyses the composition and geographical distribution of health-related flagship projects. It assesses selected TEIs, particularly under the EU–African Union (AU) investment agenda, to identify key gaps and challenges. By situating Global Gateway health investments within the wider landscape of EU policy and financing, the paper explores how the Global Gateway could enhance its contribution to human development, local resilience and mutually beneficial international partnerships.

1. HEALTH UNDER THE GLOBAL GATEWAY: PORTFOLIO AND ALIGNMENT WITH THE EU GLOBAL HEALTH STRATEGY

This section analyses how health is operationalised within the Global Gateway. It looks at the relative weight of health projects in the consolidated 2026 flagship list, their geographical distribution, and the thematic focus of investments. Taken together, these patterns provide insight into the practical prioritisation of health within the Global Gateway and the extent to which it reflects the ambitions of the EU's Global Health Strategy.

1.1. HEALTH FLAGSHIP PROJECTS UNDER THE GLOBAL GATEWAY

1.1.1. Scale and sectoral weight of health in the flagship portfolio

In December 2025, the Council endorsed the [Global Gateway list of flagship projects for 2026](#), which now comprises 256 initiatives. Unlike previous years, the 2026 list does not introduce new flagship projects but streamlines the existing portfolio of flagship projects to better showcase their impact and facilitate monitoring. Drawing on the insights from the [2023](#), [2024](#) and [2025](#) flagship list exercises, the [2026 exercise](#) updates all flagship projects and consolidates them into one list.

Health is one of the five priority sectors of the Global Gateway, yet funding and visibility remain modest relative to other sectors. Health projects (see the Appendix for an overview), as well as research and education projects, account for less than 10% of the 256 flagship initiatives in the 2026 consolidated list, in contrast to 50% of projects in climate and energy or nearly 20% in transport. Geographically, health initiatives are concentrated in sub-Saharan Africa (9 projects) and Latin America (11 projects), with fewer interventions in Europe, Asia, or elsewhere.

Table 1. Number of Global Gateway flagship projects by category (2023-26)

Sector	Consolidated list of flagship projects (2026)	Share (%)
Climate and energy	129	50.39
Digital	31	12.11
Education and research	21	8.20
Health	25	9.77
Transport	50	19.53
Total	256	100

Source: CEPS compilation based on the [Global Gateway list of flagship projects for 2026](#).

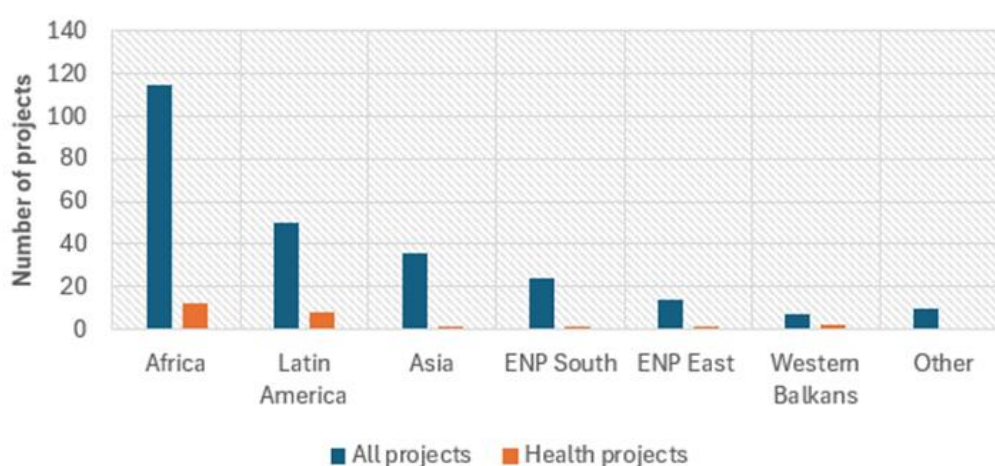
Despite the strategic framing of health as a core sector of Global Gateway partnerships, its limited presence in the flagship portfolio raises questions about political prioritisation, resource allocation and visibility relative to other sectors. This imbalance is striking given the EU Global Health Strategy and the central role assigned to health in broader EU narratives on resilience and security.

The European Commission has recently formalised the GHRI as a long-term roadmap for guiding EU global health policy from 2026 onwards, with the aim of strengthening preparedness, prevention, and coordinated response capacities for future international health emergencies. However, despite this strategic ambition, health positioning within the broader Global Gateway architecture remains comparatively limited. The recent European Parliament report on '[Global Gateway – past impacts and future orientation](#)' notes that Global Gateway flagship projects for 2023-25 have focused mainly on infrastructure and that 'higher levels of investment in health, education and research could yield higher economic and social returns than investment in infrastructure'.

1.1.2. Geographical and thematic distribution of health flagship projects

As illustrated in Figure 1, although the Global Gateway operates worldwide, Africa remains its main region, with half the planned Global Gateway investment envelope directed at Africa (a EUR 150 billion [investment package](#)). This reflects its importance to EU external policy objectives in terms of economic cooperation, geopolitical balance, and sustainable development.

Figure 1. Geographical distribution of Global Gateway flagship projects (number)



Source: CEPS compilation based on the [List of Global Gateway flagship projects – updates and consolidation](#) (December 2025).

While the concentration of health-related flagships in sub-Saharan Africa (12 projects) and Latin America (8 projects) aligns with broader Global Gateway priorities, it also implies a comparatively low level of health investments in other regions, notably Asia (1 project), where health system challenges and demographic pressures are significant. The regional distribution therefore underscores the need to consider how Global Gateway health investments are strategically positioned across different partner contexts.

Thematically, the Global Gateway's health flagship portfolio is diverse but structured around a small number of key priorities (see the Appendix for the full list of 25 projects). At its centre are investments in pharmaceutical manufacturing and access to vaccines, medicines and health technologies, alongside selected interventions in health systems strengthening and support for universal health coverage. The portfolio also treats water, sanitation and wastewater infrastructure as foundational public health investments, complemented by hospital and clinical infrastructure upgrades in selected regions (see Table 2).

In addition, Global Gateway flagship projects on health include digital health systems as enabling tools for service delivery and universal health coverage, initiatives on sexual and reproductive health and rights (SRHR), particularly safe childbirth, and cross-sectoral cooperation under a One Health framework. Smaller clusters of projects address medicine supply chains and procurement, as well as governance and coordination mechanisms.

Table 2. Overview of Global Gateway flagship projects on health

Thematic area	Focus and rationale	Geographical coverage
Water, sanitation, and health-related infrastructure	Projects address foundational public health needs and urban resilience through investments in safe drinking water, wastewater treatment and sanitation systems. Health-related water infrastructure is also embedded in broader green transition initiatives	Latin America (Ecuador, Peru, Bolivia, Brazil); Africa (Benin); Europe (Montenegro); Central America (Guatemala)
Vaccine, medicine, and health technology manufacturing	Expansion of local production capacity and access to vaccines, medicines and health technologies, alongside regulatory strengthening and skills development; A key aspect of the Global Gateway health portfolio	Sub-Saharan Africa (Senegal, Rwanda, Ghana, South Africa, Nigeria); Latin America and the Caribbean (Mexico, Panama, Costa Rica, Barbados)
Health systems strengthening	Support for health system performance, service delivery and access to care,	Africa (Madagascar, Burundi, Côte d'Ivoire,

and universal health coverage	including procurement, financing and priority health services such as SRHR and maternal health	Nigeria, Uganda, Zambia; regional sub-Saharan Africa)
Digital and cross-sectoral health innovation	Integrated and preventive approaches to health, including digital health systems and cross-sectoral cooperation under a One Health framework	Sub-Saharan Africa, Cambodia
Hospitals and healthcare facilities	Upgrade and expansion of clinical infrastructure, with a focus on hospital capacity rather than system-wide reform	Europe and neighbouring regions (Republic of Moldova, Serbia, Egypt)

Source: CEPS compilation based on the [Global Gateway list of flagship projects for 2026](#).

Across these thematic areas, Africa emerges as the primary beneficiary, especially for pharmaceutical manufacturing, maternal health, SRHR and system-wide strengthening. Latin America and the Caribbean place greater emphasis on water and sanitation infrastructure, vaccine partnerships and health system resilience. Asia currently features only limited, targeted cross-sectoral cooperation on health, while Europe and neighbouring regions mainly concentrate on hospital and water infrastructure upgrades.

The Global Gateway's flagship portfolio on health reveals a mixture of infrastructure-heavy investments and systemic interventions (building industrial, regulatory and digital capacity). Pharmaceutical manufacturing and water and sanitation projects dominate in scale and visibility, whereas investments in primary healthcare, health workforce development, governance and service delivery remain comparatively minor.

This pattern has been observed since 2023 despite evidence that infrastructure yields higher social and economic returns when paired with robust health and education spending ([Granito and Gavas, 2024](#)). OECD research (OECD, 2020; 2023) has consistently shown that strong primary healthcare, integrated service delivery and workforce capacity are essential to achieving efficient, equitable and resilient health systems, while infrastructure-heavy approaches without complementary system support risk long-term developmental and preparedness outcomes.

1.1.3. Health and the '360-degree' Global Gateway approach

Recent policy developments point to an evolution of the Global Gateway towards a more integrated, cross-sectoral logic, often described in Commission presentations¹ and analytical papers (e.g. Bilal and Teevan, 2024) as a '360-degree approach'. While not formally set out as a standalone plan of action, it reflects an effort to combine physical infrastructure investments with complementary measures that enhance their development impact, including regulatory frameworks, skills, and capacity building. This logic is consistent with the Global Gateway's design, grounded in [six core principles](#) (democratic values and high standards, good governance and transparency, equal partnerships, green and clean, a security focus, and a catalyst for private sector investment). It also emphasises the link between investment, policy, standards, and partnerships.

A recent European Parliament [report](#) advocates this 360-degree approach as a comprehensive model that complements infrastructure investments with support for governance, the rule of law, social inclusion, and capacity building. It aims at ensuring sustainable development impact, alignment with EU values and standards, and a level playing field for businesses.

In the health sector, the TEI on Manufacturing and Access to Vaccines, Medicines and Health (MAV+) offers an example of a [360-degree approach](#) to tackle barriers on the supply side, the demand side and the enabling environment². Its measures include regulatory strengthening, support for WHO mRNA technology transfer in South Africa, and access to finance for SMEs working on biotechnology development, as well as support for the development of PhD programmes in biotechnology in Rwanda or clinical trials.

There remains scope to further operationalise this approach across other health flagships, specifically by strengthening integration with health workforce development, research and innovation, and broader health system capacity. This is critical from a resilience perspective: sustainable impact depends not only on infrastructure, but also on local absorption capacity, institutional strength, and the ability of partner countries to maintain and scale investments over time.

¹ See the European Commission's presentations on [The Global Gateway and Sustainable Transport](#) and ['Global Gateway 360-degree approach'](#).

² Ibid.

1.1.4. *Global Gateway 2.0 and implications for health investment*

The development of the Global Gateway since the energy crisis and the launch of the EU's critical raw materials agenda, and its further consolidation under the second von der Leyen Commission, suggest a stronger emphasis on EU geostrategic interests, competitiveness and strategic autonomy. This shift – sometimes described as 'Global Gateway 2.0' ([ECDPM, 2025](#)) – is reflected in proposals for boosting the Global Europe instrument under the next 2028-34 Multiannual Financial Framework.

The EU has announced its willingness to streamline funding for external actions by launching a [Global Europe](#) instrument worth EUR 200 billion for the period 2028-34, as the EU's main channel for external action funding. It would consolidate existing instruments – such as the NDICI and the Instrument for Pre-Accession Assistance (IPA), as well as dedicated funds for Ukraine, the Western Balkans and Moldova – under a single umbrella framework to maximise the impact of EU actions abroad. Within this architecture, the Global Gateway would not be a standalone fund but would be embedded as a core strategic component, alongside enlargement, neighbourhood policy, international partnerships and humanitarian aid. This confirms the continuity between the current NDICI–Global Europe framework and the proposed Global Europe instrument in supporting the Global Gateway strategy. It is also in line with EU's strong political commitment to the Global Gateway as a key conduit of economic external relations.

In addition, the EU's [Strategic Agenda for 2024-29](#) reiterates the EU ambition to 'lead the response to global challenges'. Commission President Ursula von der Leyen's [political guidelines](#) for 2024-29 emphasise the need to take the Global Gateway to the next level by proposing an integrated offer to the EU's partners and building long-term, mutually beneficial partnerships.

The European Fund for Sustainable Development Plus constitutes the main financial arm underpinning the Global Gateway strategy, centred on the External Action Guarantee, which currently amounts to around EUR 53 billion. Under the proposed 2028-34 framework, this guarantee is expected to be significantly expanded to support increased mobilisation of private investment and EU geostrategic objectives. The recent launch of the [Global Gateway Investment Hub](#) is intended to further drive this trajectory by seeking to improve coordination between EU institutions, development finance institutions and private investors, and by facilitating the development of bankable projects aligned with EU strategic priorities.

Whether and how this evolving framework can accommodate health-related investments, particularly those with longer time horizons and less immediate commercial returns, will be a key test of the Global Gateway's capacity to integrate human capital and health

systems strengthening within an increasingly competitiveness-driven agenda. This question is further complicated by ongoing debates surrounding the relationship between the Global Europe instrument and the proposed European Competitiveness Fund, with policy analyses highlighting the challenge of ensuring coherence between externally oriented objectives for development cooperation and internally oriented tools for competitiveness and industrial policy (ECDPM, 2025). Several Member States and analysts argue for a clearer functional distinction between a pillar supporting European private-sector internationalisation and another grounded in ODA principles and development cooperation objectives (Jones and Karaki, 2025).

The final configuration of the architecture remains under negotiation and will depend on the positions of the Council and the European Parliament in ongoing discussions on the Multiannual Financial Framework, with major implications for governance arrangements, accountability mechanisms, and overall policy coherence in EU external action.

1.2. THE GLOBAL HEALTH STRATEGY AND THE GLOBAL GATEWAY

1.2.1. *The EU Global Health Strategy: scope and priorities*

The [EU Global Health Strategy](#), launched in 2022, sets a renewed vision for strengthening global health security and advancing health for all in the post-Covid-19 era. It provides a strategic roadmap to 2030, reflecting lessons from the pandemic and identifying priorities to accelerate progress towards global goals, including the Sustainable Development Goals (SDGs).

The Health Strategy serves as the [global arm](#) of the European Health Union and is a central component of the EU's external health policy. While the [European Health Union](#) concerns preparedness and health systems within the EU, the strategy extends this agenda internationally, positioning the EU as a leader in global health. It outlines three overarching priorities:

- (i) *Deliver better health and well-being of people across the life course.* Focus on achieving health-related SDGs by addressing not only diseases but also the underlying social, economic, and environmental determinants of health, while ensuring equitable access to essential services and prioritising vulnerable populations.
- (ii) *Promote stronger health systems and universal health coverage.* Support the development of resilient, inclusive, and well-functioning health systems, including workforce, financing, governance, and access to medicines, so that everyone can obtain quality healthcare without financial hardship.

(iii) *Prevent and combat health threats, including pandemics (One Health approach).*

Enhance global health security by improving prevention, preparedness, surveillance, and response capacities, while addressing the interconnected risks at the human–animal–environment interface.

1.2.2. The Global Gateway as a delivery mechanism for the Global Health Strategy

The EU Global Health Strategy is also strongly tied to the Global Gateway. The Global Gateway functions as a key delivery mechanism for the strategy by mobilising investments in health infrastructure, supply chains, regulatory systems, and local production capacities, which are all essential for building and sustaining stronger and more resilient health systems worldwide. Through the Global Gateway, the EU aims to [close critical funding gaps](#), promote cross-border innovation, and enhance global health security.

The previous EU global health policy, dating back to 2010, reflected a different global landscape. The 2022 Global Health Strategy marks a significant [shift](#), positioning health as a long-term geopolitical priority and emphasising sustainable institutional change, stronger research and innovation ecosystems, and more coherent global leadership. It also underscores that the EU’s ambition to shape the global health agenda must be [matched](#) with appropriate financing, an ambition operationalised through the Global Gateway.

The EU Global Health Strategy links the internal health agenda of the European Health Union with the EU’s external investment approach through the Global Gateway’s health sector, effectively acting as a bridge between domestic preparedness and global engagement.

Global Gateway actions are conducted through TEIs, which deal with key health priorities such as vaccine manufacturing, sexual and reproductive health, and digital health. Via NDICI–Global Europe, the EU is also a contributor to the global initiatives and investments listed in the strategy, including by providing funding for international institutions like Gavi and the Global Fund.

Another central theme of the EU Global Health Strategy is the critical role of global partnerships in addressing current global health challenges. The strategy stresses that partnerships must be based on co-ownership, mutual responsibility and shared benefits to be sustainable and impactful. This principle aligns closely with the Global Gateway, through which the EU supports partner countries in [strengthening](#) health sovereignty, system resilience, and progress towards the SDGs, especially in contexts where health systems are less robust. As [noted](#) by Commissioner for International Partnerships Jozef Síkela, resilient health systems are ‘a central pillar of the Global Gateway strategy’.

1.2.3. Mapping Global Gateway health actions under the Global Health Strategy

It is challenging to clearly delineate which global health initiatives under the EU Global Health Strategy fall within the Global Gateway framework. While there are significant overlaps in objectives, priorities, and funding mechanisms, notably through NDICI–Global Europe, there appears to be no transparent or consistently articulated selection process for Global Gateway designation.

The initiatives most clearly framed as Global Gateway actions are several TEIs on vaccine and medicine manufacturing, One Health, and SRHR. These are characterised by high political visibility, strategic relevance, partnership-oriented implementation, and explicit Global Gateway branding. Alongside these, the EU continues to fund broader global health priorities through NDICI–Global Europe that align with, but are not formally part of, the Global Gateway framework (including contributions to Gavi and the Pandemic Fund). The GHRI further stresses coordination, partnership, and the importance of continued investment in disease-specific institutions such as Gavi and the Global Fund for ensuring access to quality, affordable medicines.

However, questions remain about how these commitments translate into practice. For example, the EU’s [commitments](#) to the Global Fund for 2026-29 is set at EUR 700 million, compared with EUR 715 million during the 2023-25 cycle. This reduction appears somewhat at odds with the EU Global Health Strategy and Global Gateway emphasis on fortifying meaningful global health partnerships.

Table 3. Global Gateway references in the EU Global Health Strategy

EU Global Health Strategy guiding principles	Action associated with the guiding principle where the Global Gateway is mentioned
Guiding Principle 13: Better link and coordinate policies and measures of the EU and its Member States to speak with one voice and deliver effective action worldwide	‘Strengthen external communication catered to the strategy, so that efforts by the EU and its Member States receive adequate recognition, with [a] ‘Team Europe approach’ as a trademark for EU effective action in health, in line with the Global Gateway strategy.’
Guiding Principle 17: Expand partnerships based on equal footing, co-ownership, mutual interest and strategic priorities	‘The aim of the Global Gateway strategy is to deepen meaningful and mutually beneficial partnerships with a wide range of traditional and non-traditional partners and stakeholders. Health is a key pillar of this. The EU will continue developing partnerships to support improving health across

	the world, with a particular attention to countries with weaker health systems.’
Guiding Principle 20: Assess progress and ensure the accountability of the EU’s global health action through permanent monitoring and assessment	‘Our international partnerships will be expanded with the new Global Gateway focus based on co-ownership and co-responsibility by our partners to promote health sovereignty, more resilience and autonomy, allowing to target those most in need where our engagement can achieve highest impact, and to deliver on our health priorities, matching broader EU interests.’
Regional projects	
Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (2021-27)	
Team Europe Initiative to improve sexual and reproductive health and rights in sub-Saharan Africa (2022-27)	
Team Europe Initiative on sustainable health security using a One Health approach in Africa (2022)	
Team Europe Initiative for Africa-based public health capacity through support to public health institutes in Africa (2023)	
Team Europe Initiative on digital health for health system strengthening and universal health coverage to support strong and digitally enabled health systems in Africa (2023)	
EU–Latin America and Caribbean Partnership on manufacturing vaccines, medicines and health technologies and strengthening health systems (2022)	

Source: CEPS compilation based on the 2022 EU Global Health Strategy

1.2.4. Global Health Strategy delivery through Team Europe Initiatives

Based on available information, investments and actions have been initiated in relation to the TEIs identified in the EU Global Health Strategy. For each TEI, some actions are reported in the most recent implementation report on the Global Health Strategy. But there is no updated list of projects that fall under each initiative, nor are detailed descriptions of projects or progress reports available. This limited transparency reflects a general and frequently cited concern about the opacity of funding flows, programming decisions, implementation arrangements, and reporting across the Global Gateway and TEIs.

Such opacity is particularly problematic given that Global Gateway financing is largely drawn from publicly funded development assistance. As a result, there is a reasonable expectation that information on budgets, activities, and outcomes should be publicly accessible. This lack of transparency also appears misaligned with the EU Global Health Strategy, which explicitly commits to ‘robust and transparent monitoring of EU efforts’. Insufficient transparency undermines credibility, which is a foundational attribute for an actor that has articulated ambitions to assume a more prominent leadership role in global health.

1.2.5. Visibility, communication and partnership quality

Visibility and branding play a crucial role in fostering political ownership and accountability for global initiatives. Clear branding helps communicate the EU’s contribution to global health efforts, in a manner comparable to the visibility strategies employed by other actors such as USAID or China’s Belt and Road Initiative. Within the Global Gateway framework, branding is explicitly identified as a core component of programming. Enhanced visibility of EU global health actions, initiatives, and partnerships is presented in the Global Health Strategy as essential to building credibility, trust, and long-term commitment. According to the Global Gateway’s communication [guidelines](#), branding is intended to support a ‘paradigm shift’ in how relationships between the EU and partner countries are portrayed and perceived, emphasising long-term engagement and mutually beneficial partnerships.

All the same, critics of the Global Gateway have questioned whether these ambitions are being meaningfully realised in practice. More specifically, concerns have been raised regarding the extent to which genuine partner-country engagement is occurring in regions such as Africa, where a substantial share of health investments, especially through TEIs, is concentrated. While the [2022 EU Global Health Strategy](#) reiterates commitments to strengthening health systems and ‘boosting partners’ strategic autonomy’, emerging assessments of Global Gateway flagship projects have highlighted concerns relating to human rights, environmental sustainability, and economic vulnerability in partner countries. These findings suggest that existing inequalities may, in some cases, be reinforced rather than reduced, potentially undermining the broader objectives of the EU Global Health Strategy.

The [2026 EU Global Health Resilience Initiative](#) explicitly sets out the EU’s global health approach through a human rights-based framework, while prioritising support for resilient, country-led health systems capable of acquiring and delivering accessible and quality essential services. This aligns closely with the broader commitments made under the EU Global Health Strategy and Global Gateway framework to strengthen health sovereignty and foster sustainable health system development.

Tensions nonetheless remain over how these ambitions are operationalised in practice. The EU's increasing emphasis on 'partner countries' may risk creating a fragmented or uneven approach to global health investment, where some regions receive sustained support while others remain comparatively excluded. This raises more general questions about whether global health resilience can be effectively achieved through a selective, partnership-based model, given the inherently interconnected nature of global health threats and system vulnerabilities.

Finally, the actions outlined in the Global Health Strategy provide a useful analytical framework for assessing progress against declared commitments and for informing future prioritisation and investment decisions, particularly in identifying areas that have received insufficient financial or political support. This is especially important given the [absence](#) of formal impact evaluations documenting the outcomes and effects of Global Gateway health projects, including those initiated in 2023. Assessing progress remains challenging, however, due to the difficulty of determining the implementation status of health-related TEIs, in turn highlighting the need for clearer reporting and evaluation mechanisms.

On enhancing external communication and recognition of the EU's role in global health, the EU Global Health Strategy spotlights communication as a key enabler of Global Gateway-aligned action. In this context, a [Joint Action on Global Health](#) envisaged the development of a dedicated communication plan, including the identification of 'communication champions', by 2023. Yet, based on publicly available information, such a plan has not yet been published. While Global Gateway branding is consistently visible across formal TEI communications, the absence of a publicly articulated communication strategy limits transparency and makes it hard to assess how communication objectives are being operationalised in practice.

The Global Gateway has been characterised in external analyses as a [renewed](#) branding strategy for EU development cooperation, situated within an evolving geopolitical and economic landscape. Although this reframing has been welcomed by some as a means of increasing the EU's strategic visibility and coherence, others have expressed concern that highly visible or '[flashy](#)' branding risks prioritising geopolitical or economic interests over development outcomes, including poverty reduction. Nonetheless, effective communication remains a central component of the Global Gateway approach. Beyond enhancing recognition, communication functions as a form of [soft power](#), shaping perceptions, promoting values-based partnerships, and enabling the EU to proactively counter misinformation that could undermine its strategic and normative objectives in global health.

1.2.6. *Mutually beneficial partnerships*

A second area in which the Global Gateway is explicitly referenced in the EU Global Health Strategy relates to establishing and strengthening mutually beneficial partnerships with both traditional actors (multilateral and government bodies) and non-traditional ones (the private sector, philanthropic or regional bodies) within the global health landscape. Under the Global Gateway, this objective has been operationalised through selected collaborative financing and investment mechanisms.

One illustrative example is the [Accelerating Human Development](#) (HDX) guarantee, supported by the European Fund for Sustainable Development Plus, which is the financial arm of the Global Gateway. HDX is a joint programme involving the European Commission, the EIB, and the Gates Foundation, designed to catalyse investment and expand access to affordable health commodities in low- and middle-income countries.

Among the first initiatives under this programme is a guarantee agreement of approximately [EUR 52 million](#) between the EIB and MedAccess. This arrangement aims to improve the availability of critical health products across Africa through volume guarantees, supported by an innovative counter-guarantee structure. Under this model, the EIB provides coverage for up to 30% of potential losses incurred by MedAccess on eligible volume guarantees. This example illustrates how the Global Gateway seeks to leverage blended finance and partnerships with diverse stakeholders, including philanthropies and the private sector, to address market failures in access to essential health commodities. However, as with other Global Gateway initiatives, systematic evaluation of the development impact and equity implications of such partnerships remains limited, underscoring the need for greater transparency and evidence-based assessment.

To engage with the private sector, the [Global Gateway Business Advisory Group](#) was established to enhance the European Commission's collaboration on the Global Gateway strategy through partnerships with the European private sector and to maximise investments aligned with Global Gateway projects. It currently consists of 59 members and 10 observers. Members are all EU-based and regulated entities, approved by DG INTPA, DG MENA and DG ENEST. This group is also a mechanism to contribute to European competitiveness: one member describes the advisory group as a platform for centralising information for firms and creating blending instruments, providing European-based companies with '[a more level playing field with their competitors](#)'.

There is a noticeable presence of French and German companies in the group, with [13.6%](#) representation, respectively. According to one [report](#) that analysed the composition of Global Gateway Business Advisory Group members and observers in 2023, only one entity

(the Alliance for Rural Electrification) based in Belgium represents companies from the Global South, reinforcing the dominance of the Global North in the body. Several companies in this advisory group already benefit from contracts provided through the Global Gateway, which further increases [concerns](#) of corporate influence. There is criticism that the advisory group is much more advanced and integrated into Global Gateway business as opposed to the Global Gateway Civil Society and Local Authorities Advisory Platform, which gets described as more of a [‘tick box exercise’](#).

The [Global Gateway Investment Hub](#), launched more recently, seeks to complement this picture by improving coordination between EU institutions, development finance institutions and private investors, and by facilitating the pipeline development of bankable projects aligned with EU strategic priorities. While the Hub aims to streamline access to finance and enhance coherence across instruments, it also reinforces a competitiveness- and investment-driven logic in Global Gateway implementation.

The recent evaluation [report](#) on the EU Global Health Strategy points to progress being made in the implementation of Global Gateway Flagship projects through financial commitments, the gradual operationalisation of projects, and engagement with various local and regional stakeholders. Yet, like the other initiatives outlined in the Global Health Strategy, publicly available information on concrete activities and outcomes remains sparse and [difficult](#) to find.

Overall, the Global Gateway health portfolio combines high political visibility with a relatively fragmented investment logic. Although health is positioned as a priority sector, the portfolio appears more as a collection of sectoral initiatives than a fully integrated, strategic framework, raising questions about coordination across interventions and with other Global Gateway sectors.

Cross-cutting dimensions that are increasingly central to global health resilience, such as the One Health approach and the climate–health nexus, remain only partially reflected in the current portfolio. Similarly, digital health is primarily framed in infrastructural terms, with limited evidence of a more systemic integration of digital public infrastructure, artificial intelligence, and data governance as enabling foundations for health system transformation.

Finally, there is little evidence of a harmonised or transparent approach to impact measurement across flagship health projects. This limits the ability to assess outcomes, compare effectiveness across interventions, and ensure accountability for publicly financed investments.

The following section examines flagship TEIs implemented under the AU–EU Health Partnership.

2. DEEP DIVE ON THE EU–AFRICAN UNION HEALTH PARTNERSHIP

As a strategic cooperation framework between the African Union and the European Union, the [AU–EU Health Partnership](#) aims to strengthen health systems, improve health security, and expand access to vaccines, medicines and health technologies in Africa. Building on long-term [Africa–EU cooperation](#), the partnership has been enhanced following the Covid crisis. It is shaped by key political commitments, including the ‘[Joint Vision for 2030](#)’ adopted at the 6th AU–EU summit in 2022, where the Global Gateway’s [Africa–Europe Investment Package](#) (EUR 150 billion) was announced, which also covers health and education strands. This cooperation was further consolidated at a [high-level EU–AU health conference in March 2024](#), which marked the expansion of the strategic partnership and confirmed alignment with the [EU Global Health Strategy](#) and Africa’s call for a [New Public Health Order](#).

The partnership is supported by a reinforced [High-Level Steering Structure](#), with the African and European participants of the latest [high-level steering meeting](#) (in [November 2025](#), in Pretoria) reaffirming their strategic commitment to deepening cooperation on health security, equity and resilient health systems. The Africa Centres for Disease Control and Prevention (Africa CDC) has emerged as a [key operational partner](#) in Africa, notably through initiatives on genomic sequencing, mpox testing, pooled procurement of medical products and workforce development. It has also intensified cooperation with EU agencies such as the European Centre for Disease Prevention and Control (ECDC). This underscores a shift towards more coordinated governance, capacity building and system-level impact.

The five case studies below reflect on progress under five TEIs corresponding to the priorities of the AU–EU Health Partnership: local manufacturing and access to vaccines and health technologies (MAV+); SRHR; sustainable health security (One Health); digital health; and support for public health institutes, encompassing dozens of projects at the continental, regional and country levels.

2.1. MANUFACTURING AND ACCESS TO VACCINES, MEDICINES AND HEALTH TEI

Building capacity to manufacture pharmaceutical products has become a growing priority for African countries, particularly since the Covid-19 pandemic. Most African countries rely heavily on imports of vaccines, drugs and other pharmaceutical products. It is estimated that only [1% of vaccines used in Africa](#) are produced locally, and the local capacities for manufacturing vary. The Covid-19 [pandemic strained Africa–Europe relations](#) and laid bare profound inequalities in access to essential health services, vaccines, and treatments.

In the aftermath of the pandemic, and the inequalities linked to access to vaccines and other health technology, both African and European actors made significant political and financial commitments, one of which was increasing investments in accelerating pharmaceutical production capacities in Africa. MAV+ was announced by von der Leyen in May 2021. From the get-go it received relatively strong political backing, and its importance was emphasised in von der Leyen's [State of the Union address](#) in September 2022.

MAV+ is a TEI of almost EUR 2 billion in budget, making it the largest TEI on health in terms of resources. The actors involved are Belgium, the Netherlands, Spain, Sweden, France, Germany and Luxembourg, along with the EIB and the European Commission. MAV+ essentially works with African partners to augment their local pharmaceutical systems and manufacturing capacity. It includes more than 88 projects at the national, regional and continental levels. The initiative is coordinated by the Team Europe Support Structure (TESS MAV+), which is led by Enabel, Expertise France, and GIZ.

Interviewees point out that being able to mobilise extensive resources to manufacture pharmaceuticals and health technologies is already a success and signals a high degree of political commitment to the initiative in the EU and participating Member States. Funding has turned into concrete investments, supporting not only manufacturing directly, but also sustainable demand, enabling environments (e.g. regulatory cooperation), and skills.

MAV+ has three main dimensions: supply, demand and an enabling environment ([European Commission, 2025](#)). For instance, on the supply side, the EIB has provided a EUR 75 million loan to the Institut Pasteur de Dakar in Senegal for the construction of its new facility. The EU is also attempting to diversify its investments: according to one interviewee, the EU has successfully moved towards offering various 'ticket sizes', which addresses a gap in supporting smaller businesses alongside larger industry players. As another example, MAV+ is contributing to Gavi's [African Vaccine Manufacturing Accelerator](#), to help establish sustainable vaccine manufacturers in Africa, and ultimately to improve resilience in pandemic and outbreak vaccine supplies in Africa. MAV+ also aids mechanisms like pooled procurement, which contribute to more predictable and sustainable demand.

A key part of the MAV+ TEI is building partner countries' regulatory capacities. Progress has been made in bringing several national regulatory authorities to maturity level 3, a critical step in ensuring the quality of locally produced medicines. Achieving WHO pre-qualification is a big challenge for manufacturers in the region, primarily due to financial and technical constraints. The high cost of compliance, coupled with the need for specialised equipment and [skilled personnel](#), creates a barrier for many manufacturers in Africa ([Adeyeye et al., 2026](#)). In Rwanda, the twinning project initiated by the EU

Delegation paired 200 experts in the Food and Drugs Authority with their counterparts from Europe. One of the goals of the twinning project was to support the Food and Drugs Authority in achieving maturity level 3, which it did at the end of 2024 ([WHO, 2024](#)).

While formal evaluations of MAV+ have not been published, initial analyses seem promising. MAV+ has mobilised substantial resources, demonstrated the value of a holistic approach and improved European coordination through TESS, and adopted an [inclusive multi-stakeholder collaboration](#) model, thus maintaining open dialogue with civil society actors. However, some challenges remain. Ensuring African co-ownership in both the design and implementation phases is crucial. Furthermore, there needs to be sufficient buy-in from African leaders, as they must be willing to procure locally and regionally manufactured products, even if these cannot initially compete in pricing with imported products.

MAV+ could also bring valuable synergies with the EU's R&I support in pharmaceutical and health technologies. For instance, the key activities of MAV+ at the continental level include establishment of an mRNA technology transfer programme with a hub in South Africa, product development partnerships and clinical trials grants, through the European & Developing Countries Clinical Trials Partnership 3 (EDCTP3) and other funding sources. The EDCTP3 is funded under Horizon Europe and focuses on infectious diseases. It finances studies, trains researchers and seeks to strengthen the African clinical research ecosystem. The EDCTP has been an [important enabler](#) of MAV+ by providing products suitable for local production, building scientific and regulatory capacity, and making the link to industry. What is more, the Global Health [EDCTP3 encourages applicants to align with MAV+](#), including through supporting technology, early engagement with African regulators, or partnerships to scale up African-produced health solutions.

MAV+ also underpins several R&D-specific activities. In Ghana, the EU supports R&D activities in the context of the [PharmaVax](#) programme. At the same time, Ghana cooperates with the EU under Horizon Europe, being one of the [top recipient countries](#) of Horizon 2020 and Horizon Europe allocations. Creating stronger links between the EU's international cooperation and its R&I arm could bring significant opportunities, especially in countries that are already active participants in Horizon Europe and MAV+, like Ghana. Still, based on our research, it is unclear to what extent the potential synergies have been explored.

2.2. THE AFRICAN PUBLIC HEALTH INSTITUTES FLAGSHIP TEI

The TEI on Support to Public Health Institutes in Africa, implemented under the broader Public Health Capacity Africa TEI, was launched in 2024 with a budget of [EUR 50 million](#) for 2024-27. The initiative aims to strengthen public health systems in Africa by enhancing training, research capacity, and institutional development within public health institutes, including national and academic bodies. A core objective is to [foster](#) sustained partnerships and knowledge exchange between African and European public health institutions.

As a TEI, the initiative brings together the European Commission, participating Member States (Belgium, Czechia, Finland, France, Germany, Ireland, Italy, the Netherlands, Portugal, Spain, and Sweden) and regional partners such as the Africa CDC. It has been [highlighted](#) as a good example of coordinated, multi-stakeholder engagement to promote public health capacity-building at scale.

The initiative [supports](#) public health institutions across more than 50 African countries, with targeted capacity-building activities in over 10 sub-Saharan African countries (Guinea-Bissau, Guinea, Nigeria, the Central African Republic, the Democratic Republic of the Congo, Chad, Burundi, Malawi, Rwanda, and Zimbabwe). Of the total budget, approximately [EUR 8 million](#) is allocated to regional components and [EUR 42 million](#) to country-specific activities. Country-level priorities, such as advancing universal health coverage, supporting national research agendas, and bolstering institutions through training and capacity building, are context-specific and were [co-developed](#) with Africa CDC before adoption by the Council in June 2024.

[Milestones](#) for the 2026-27 period include continental, regional, and national events to assess progress and share lessons learned; the integration of private sector and financing partnerships aligned with initiative objectives; and the establishment of regional workshops and North–South and South–South research networks to facilitate collaboration and knowledge exchange.

Strengthening institutions and research capacity is a central [function](#) of the initiative. Under it, for example, in June 2025 the ‘Support to the Public Health Institute of Malawi’ project was launched by the Malawian Ministry of Health, the EU, and the German Federal Ministry for Economic Cooperation and Development. With a four-year budget of [EUR 4.6 million](#), the project aims to reinforce regional and international collaboration and enhance national capacity for public health research.

[Preliminary findings](#) from a survey of the TEI’s supported activities, with responses from 41 African countries, indicate that project activity has been more concentrated in West Africa (n=57) and East and Central Africa (n=65) than in Southern Africa (n=24). Countries

receiving comparatively higher levels of support include the Democratic Republic of the Congo, Mozambique, Ghana, Guinea, Senegal, Tanzania, South Africa, and Rwanda. Others, such as Cameroon, Chad, the Central African Republic, and the Republic of the Congo, received less support.

Support has primarily been directed towards public health academic institutions (45%), followed by national health authorities, including ministries of health and national public health institutes (38%). Over a quarter of projects (28%) also support research centres and laboratories. Approximately 60% of projects include a research component, with around 55% supporting operational research. In terms of innovation and systems strengthening, 55% of projects support national laboratories and 85% focus on institutional strengthening, of which 75% include study visits and staff exchanges, and more than 90% support capacity building for the public health workforce. Notably, only 38% of projects reported coordination with EU institutes, and a similar proportion collaborated with regional or continental organisations, highlighting potential areas for improving transnational and regional alignment.

2.3. TEI ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The [Team Europe Initiative on Sexual and Reproductive Health and Rights \(TEI SRHR\) in Africa](#) was launched in Rwanda in December 2022. This partnership is between the European Commission, 10 EU Member States (Belgium, Czechia, Denmark, Finland, France, Germany, Ireland, Luxembourg, the Netherlands and Sweden), and 3 African Regional Economic Communities. The latter comprise the East African Community, the Southern African Development Community and the West African Health Organisation, a specialised agency under the Economic Community of West African States.

The [main objectives](#) of this partnership are to:

- (i) increase the implementation of continental and regional SRHR commitments in the health and education sectors;
- (ii) improve the availability, affordability and acceptability of quality-assured SRH commodities for all, especially women and girls; and
- (iii) strengthen advocacy and accountability efforts that ensure SRHR needs are met.

These objectives contribute to the promotion of SDGs 3 (universal health for all) and 5 (gender equality) and are aligned with both regions' development policies, namely the [African Union's Agenda 2063](#) and the [EU Global Health Strategy](#). The [EU actions](#) in Africa address key issues such as family planning, maternal mortality and gender-based violence and harmful practices, including forced, early and child marriage and female genital mutilation.

The European Commission initially committed EUR 60 million to the TEI SRHR, with additional contributions from Team Europe partners significantly increasing the overall financial envelope. The [TEI SRHR brings together](#) more than 150 regional and country actions funded by Team Europe members, collaborating with different implementing partners including UN agencies, civil society and academic and research institutions. These partners bring not only a wide range of skills and resources, but also a wealth of experience from previously implemented programmes in partnership with African national and regional health authorities. The [intended results](#) include an increase in funding and delivery of quality SRHR interventions through primary healthcare within universal health coverage, production and dissemination of high-quality data on SRHR, better procurement and supply chain management, and improved regional and national regulatory capacity.

Some of the notable projects under this initiative include the [SafeBirth Africa](#) initiative and the [UNFPA-led Supplies Partnership](#).

The [leading cause](#) of maternal death in Sub-Saharan Africa is postpartum haemorrhage (PPH), a condition that is preventable with quality care and medication. Approximately [86 000](#) women die of PPH yearly, leading to impacts like child-headed families and infants who lose their mothers being [35 times](#) more likely to die within the first six months of life. [SafeBirth Africa](#) is being implemented in partnership with Unitaid, UNFPA, Jhpiego, and the International Federation of Gynaecology and Obstetrics. It promotes access to lifesaving tools for prevention, detection and treatment of PPH that are not yet widely used in Africa and provides innovative delivery solutions. SafeBirth Africa is being put into action in five countries – Côte d'Ivoire, Madagascar, Nigeria, Uganda and Zambia – where the development partners coordinate efforts with the national associations of midwives and gynaecologists.

Many women and girls lack access to essential reproductive health supplies, leaving them at risk of unintended pregnancies, preventable maternal deaths, and unsafe abortions. The inaccessibility is [caused by](#) shortages, weak health systems and insufficient funding, particularly in low-income countries. The Supplies Partnership comprises 16 government partners, 4 foundation partners and 3 private sector partners, working in 54 countries in Africa, Asia and the Pacific. With an annual budget of USD 185 million, the partnership [aims to](#) strengthen health systems by improving supply chains, advancing policy, diversifying financing, and expanding access to quality-assured contraceptives and maternal health medicines. According the [2024 annual report](#), the partnership enabled 25 million women to access essential reproductive health services, averted 10 million unintended pregnancies, and saved over 200 000 lives.

The highlighted projects exemplify the importance of partnerships that bring together different stakeholders, skills, and resources and which include recipient governments in tackling health challenges. This partnership design builds the capacity of national health authorities, promoting resilience and boosting recipient countries' ability to address health concerns. In a global context where funding for SRHR is being cut, initiatives such as the TEI SRHR are important in ensuring that women and girls have continued access to SRHR products and services.

2.4. DIGITAL HEALTH TEI

The TEI on [Digital Health](#) for health systems strengthening and universal healthcare in Africa was [launched](#) in March 2024, bringing together Belgium, Germany, Spain, France, Luxembourg, Portugal, Sweden, and the EU via the [Digital for Development](#) Hub and partners from Africa CDC, African Union Commission (AUC) and WHO. With EUR 87 million from the EU budget for 2024-27, and [EUR 223 million](#) from Team Europe, the initiative aims to improve primary healthcare and develop a joint strategy on digital health aligned with regional needs.

The TEI is structured around [three strategic objectives](#), for supporting pandemic response through digital tools, promoting the sustainability of digital tools and their integration into broader health system strengthening, and working on a coordinated EU digital health strategy in partnership with African stakeholders. This approach is consistent with the general orientation of the EU's GHRI, which identifies digitalisation and innovation as key enablers of health sovereignty and more accessible, interoperable, scalable and cost-effective health systems. The GHRI further emphasises the role of digital health infrastructure, data systems, telemedicine, and safe and trustworthy AI-enabled tools in improving service delivery, underpinning resilience and empowering patients.

The Digital Health TEI combines policy dialogue, technical assistance, and investment instruments (including grants, loans, and guarantees). It is designed to overcome fragmentation and create synergies among existing EU-supported programmes in health and digital transformation. It also complements other health-focused TEIs, such as MAV+, public health institutes, and health security (One Health).

Ultimately, the TEI on Digital Health seeks to contribute to the development of people-centred, interoperable, and secure digital health ecosystems across sub-Saharan Africa. By addressing both urgent needs and long-term structural barriers, it supports stronger, more equitable health systems and delivers lasting benefits for public health and sustainable development.

As this TEI was only launched in 2024, it is difficult to get more precise information on how it is progressing towards its objectives. Among the [milestones](#) of TEI Digital Health,

the consolidated list of Global Gateway flagship projects from December 2025 points to the overall launch of the multi-partner consortium agreement.

The EU has identified digitalisation as a critical enabler of global health, with a guiding principle on addressing underinvestment in digital health in low- and middle-income countries, pursued through the TEI on Digital Health. The 2025 report on implementation of the EU Global Health Strategy [recognises](#) advancements on digital health through EU–Africa cooperation, particularly in the transition from the EU digital Covid certificate to the WHO’s [Global Digital Health Certification Network](#), as well as the launch of the TEI on Digital Health.

Cooperation on digital health is also an [increasingly important priority](#) for African partners, reflecting political ambitions set out in frameworks such as the AU Digital Transformation Strategy for Africa 2020-30 and the Africa CDC [Digital Transformation Strategy](#). At the 2025 World Health Summit, the EU and WHO launched a [new EUR 8 million partnership](#) to support the digital transformation of health systems and wider adoption of the Global Digital Health Certification Network in sub-Saharan Africa, as part of the Digital Health workstream under the Global Gateway strategy.

Looking ahead, digitalisation is likely to remain a central enabler of health systems strengthening in Africa, reflecting both African political priorities and the EU’s Global Health Strategy. In this context, the TEI on Digital Health, together with broader EU initiatives such as the European Health Data Space and ongoing EU–WHO cooperation, provides an important coordination framework that could be further enhanced for lasting impact.

2.5. ONE HEALTH TEI

[The TEI on Sustainable Health Security \(One Health\)](#) was launched in Brussels in 2024 together with the TEI on Public Health Institutions at a high-level event on the EU–AU partnership on Global Health for equitable access. It brings together the European Commission, Belgium, Denmark, France, Germany, Spain, the ECDC and Africa CDC, with an initial budget of EUR 123 million.

The TEI aims essentially at strengthening prevention, preparedness and response to infectious threats and anti-microbial resistance in African countries. It applies the One Health approach, and supports the operational capacities of the Africa CDC, including laboratories, surveillance systems and research on implementation at the national, regional and continental levels. It also draws on cooperation between the ECDC and Africa CDC.

Key [deliverables](#) include the construction and rehabilitation of health facilities in the Democratic Republic of the Congo and South Sudan, the establishment of advanced epidemic preparedness infrastructure in Senegal, and improved financial and technical management capacities of health centres in Burundi through performance-based approaches.

One of the main projects under the TEI is ZOOSURSY, which focuses on enhancing the surveillance of emerging and re-emerging zoonotic diseases across Africa, and is implemented by World Organisation for Animal Health. Continuing on the successes of its predecessor, ZOOSURSY builds knowledge and capacities on wildlife surveillance systems in 17 countries across Africa.

The DG INTPA is also actively searching for synergies with other EU-led initiatives. For instance, these can be found with EDCTP3 and the European Partnership on One Health Antimicrobial Resistance ([EUP OHAMR](#)). The latter was launched in June 2025, after years of preparation, with a goal of increasing research and innovation on antimicrobial resistance through a One Health approach. Discussions are ongoing on how to find synergies between EUP OHAMR and the TEI, and thereby multiply the external effects of EUP OHAMR.

2.6. THE EU–AU HEALTH PARTNERSHIP: LOOKING AHEAD

While health cooperation within the AU–EU partnership continues to be officially structured around the five regional TEIs on health described above (MAV+, SRHR, One Health, Digital Health and Public Health Institutes), interviews with stakeholders revealed that recent internal institutional discussions have increasingly framed these initiatives as interconnected thematic ‘hubs’ under a unified AU–EU Health Partnership. This conceptual shift is intended to improve coordination, streamline implementation and leverage synergies across related areas, but there is no formal replacement of TEIs by hubs in official documents to date. Rather, hubs are emerging as a practical coordination layer within the overarching governance architecture, which encompasses all health-related cooperation strands, aimed at reducing fragmentation and enhancing coherence across AU–EU health cooperation.

A major objective of this emerging approach is to leverage the most needed synergies across TEIs, recognising that many health challenges are inherently cross-cutting. Digital health is a prominent example, cutting across MAV+, SRHR and health systems strengthening. Procurement has also been identified as a concrete area for piloting closer cooperation across hubs by our discussants and the analysis of synergies among TEIs/hubs is currently ongoing to select priorities for joint action.

At the same time, coordination capacity varies significantly across TEIs. MAV+ benefits from a comparatively robust coordination set-up, while other areas – especially SRHR and digital health – remain more loosely organised. While TEIs continue to report within their respective frameworks, there is so far limited evidence of systematic cross-monitoring or shared impact indicators. Efforts to document best practices and promote learning across hubs are underway, but have not yet resulted in a consolidated monitoring or learning framework for the health partnership as a whole.

In terms of TEI synergies with other EU programmes, especially Horizon Europe, the cooperation with the Global Health EDCTP3 (a Joint Undertaking under Horizon Europe) remains central for MAV+. However, it is not easy to detect any other examples of concrete synergies being pursued. Therefore, discussions on links with other EU and global initiatives, such as the Global Fund, remain part of the strategic conversation. As of April 2026, the EU pledged a financial [commitment](#) of EUR 700 million for the 2027-29 period to the Global Fund.

Other challenges persist. Resource asymmetries across Member States affect participation, with some lacking the capacity to engage in technical working groups despite strategic interest. Differences in institutional culture and ambition among Member States continue to limit bottom-up co-creation. Engagement with the private sector, while recognised as essential under the Global Gateway logic, remains insufficiently visible. More broadly, the Team Europe approach is widely endorsed as effective but continues to be difficult to operationalise consistently, especially in a context of fiscal pressure on EU and Member State budgets and rapidly evolving global health priorities.

The biggest recent announcement came in April 2026 (see [‘AU and EU strengthen their Health Partnership’](#)), when the EU and the Africa CDC launched three new health initiatives worth more than EUR 100 million under the Global Gateway. The initiatives aim at strengthening national public health institutes, One Health and antimicrobial resistance, and digital health systems for preparedness and primary healthcare. A notable shift is that these programmes are increasingly framed around resilience, preparedness, and reducing African dependency on external supply chains.

These developments also reflect a broader transformation in the framing of the AU–EU Health Partnership. Health cooperation is becoming a vehicle for strengthening resilience, health sovereignty, regulatory cooperation and regional innovation ecosystems. In this sense, the AU–EU Health Partnership is gradually evolving towards a more integrated model that combines investment, industrial policy, research and innovation, and science diplomacy. This shift is especially visible in areas such as local pharmaceutical

manufacturing, digital health governance and [support for institutions](#) such as the African Medicines Agency, through MAV+.

Looking forward, further consolidation of the AU–EU Health Partnership is expected and would be desirable, although concrete next steps are difficult to track. The newly adopted GHRI provides additional strategic guidance on this crucial matter.

3. THE GLOBAL HEALTH RESILIENCE INITIATIVE

In May 2026, the EU adopted the GHRI, as a part of its wider framework on global health. The GHRI is presented as a mechanism that builds upon existing EU structures, including the European Health Union, the Preparedness Union Strategy, the EU Global Health Strategy, and the Global Gateway. It recognises the role of the Global Gateway and TEIs in supporting partner countries by addressing gaps in [areas of mutual interest](#) and strengthening capacities to detect, prevent, and respond to global health threats.

The GHRI identifies five priority areas through which the EU aims to add value to the global health landscape: strengthening and improving coordination within the global health architecture; supporting resilient and country-led health systems; enhancing global preparedness and response capacities; diversifying supply chains and manufacturing capabilities; and promoting trust in science while countering misinformation.

Importantly, the GHRI highlights the role of the Global Gateway Investment Hub and other innovative financing mechanisms in facilitating [‘mutually beneficial investments by the European private sector’](#) within the global health domain. This closely aligns with the broader coordination objectives of the Global Gateway, specifically its emphasis on fostering a more coherent and effective global health architecture.

However, the success of this approach will depend heavily on meaningful coordination with partner countries and the EU’s ability to fulfil its stated ambition of [‘listening and responding better’](#) to locally identified priorities and needs. In practice, this raises key questions about how much EU interests shape investment decisions and whether partner-country engagement extends beyond consultation towards genuine influence over priorities and implementation. It will come down to the alignment of these needs with the interests of the EU, which is precisely where stakeholders [‘see the EU’s added value’](#). These concerns echo wider critiques of the Global Gateway, with some stakeholders describing certain aspects of engagement as [‘consultation without real influence’](#), potentially undermining the EU’s credibility as both a [reliable](#) partner and an emerging actor in global health leadership.

The GHRI also acknowledges the ever more fragmented nature of the global health ecosystem, highlighting the need for greater coordination between multilateral institutions, disease-specific initiatives, donor governments, philanthropies, and partner countries. This is fundamental in the context of shifting geopolitical dynamics, changing donor landscapes, the retrenchment of major actors such as the US, and the growing influence of non-state actors and philanthropic organisations. The EU’s emphasis on facilitating synergies and complementing the actions of other donors signals an

awareness that it cannot lead across all domains of global health alone. As a [recent CEPS analysis](#) has suggested, the EU may be best positioned not as a singular leader, but as a key coordinating and investment partner within a larger collective effort.

Against this backdrop, while the 'Team Europe' approach remains central to both the Global Gateway and the EU's overall global health agenda, there is an argument that a more expansive framing of '[Team World](#)' may better reflect the interconnected nature of global health resilience. Such an approach would position resilience as a genuinely shared global responsibility, recast the EU more explicitly as a partner rather than solely a donor and place greater emphasis on collective action beyond political rhetoric. At present, however, the GHRI remains relatively vague on the definition and scope of 'partner countries', leaving open questions about how partnerships will be prioritised, expanded or deepened in practice.

CONCLUSIONS AND POLICY IMPLICATIONS

Despite its elevated status in the EU's strategic framework, the health dimension of the Global Gateway continues to face a set of structural governance and implementation challenges that risk undermining both its development impact and strategic credibility. These challenges reflect broader tensions in how the EU currently aligns its external financing instruments, investment priorities and partnership models.

Addressing them is increasingly urgent as the EU seeks to position the Global Gateway as a cornerstone of its long-term global engagement in a context of declining global health financing and growing geopolitical competition. This is important given that the [Global Health Resilience Initiative](#) identifies the Global Gateway as a key instrument for translating strategic commitments into concrete external action.

A first and overarching challenge relates to fragmented governance and coordination gaps across EU instruments. Insufficient alignment between Horizon Europe, NDICI–Global Europe and other external financing instruments weakens strategic coherence and reduces the effectiveness of EU investments (Renda, A., 2025). Current synergies between Horizon Europe and the Global Gateway remain underdeveloped, with flagship projects largely prioritising infrastructure over integrated research, innovation and deployment pathways. Enhancing coherence between the EU's internal agenda and external action is considered key for designing the NDICI–Global Europe 2.0 ([ECDPM, 2025](#)).

Although initiatives such as EDCTP and [Africa Initiative IV](#) demonstrate the potential for greater cooperation, barriers to institutional coordination persist across Commission services, financing streams and Member States. This fragmentation is particularly problematic in health, where better connections between research, innovation, infrastructure and service delivery are essential for sustainable impact.

Beyond Horizon Europe, closer alignment between the Global Gateway and programmes such as EU4Health and Digital Europe would be also beneficial, especially in areas like digital health, health systems resilience, interoperability, cybersecurity and regulatory cooperation. More systematic coordination across these instruments could help bridge internal EU priorities and external action while reducing fragmentation and duplication.

A second major challenge relates to the substantive balance of Global Gateway investments. Despite health being identified as a priority sector, less than 20% of flagship projects target health, research and education combined. Infrastructure investment provides a needed foundation, but the relative neglect of primary healthcare, health systems strengthening and human capital development curtails the long-term social and economic returns of Global Gateway interventions. In the health sector, investments have

concentrated on pharmaceutical manufacturing and preparedness-oriented objectives, often at the expense of general system resilience and universal health coverage ([OECD, 2025](#)).

Applying a genuine 360-degree approach to health would require embedding R&I components within flagship projects, including support for clinical research ecosystems, digital public infrastructure, regulatory science and skills development. Such integration is critical in areas like digital health, women's health, mental health and pandemic preparedness, where innovation and deployment must advance in parallel (Benaglia, S., Ergenc, C., 2025).

A further challenge relates to the inclusiveness and accountability of Global Gateway governance. TEIs and flagship projects frequently exhibit minimal involvement of local governments, domestic private sectors and civil society organisations, weakening local ownership and long-term sustainability ([Team Europe Brief, 2024](#)). These concerns are compounded by persistent transparency gaps. High-level project descriptions are publicly available, yet critical information on project selection criteria, financing structures, implementation modalities and impact assessments is often missing (Ergenc, C, Yu, CH., 2025; Benaglia, S., Ergenc, C., 2025). The absence of systematic monitoring and evaluation frameworks makes it difficult to assess whether Global Gateway health investments deliver measurable development outcomes beyond geopolitical signalling, and limits opportunities for learning and adjustments over time.

While the Team Europe approach has enabled substantial mobilisation of resources for global health, future implementation may require moving towards more inclusive partnership models – a broader 'Team World' approach. In line with the objectives of the GHRI, this could mean evolving from a primarily EU-driven framework towards more genuinely multistakeholder and globally co-owned partnerships, involving partner-country institutions, philanthropic actors, regional organisations, civil society and international financial institutions.

Despite these challenges, health remains central to achieving the Global Gateway's dual objectives of supporting partner-country development while strengthening the EU's geoeconomic and geopolitical positioning. Investments in health enhance resilience, social stability and economic productivity. They also offer a highly visible and socially valued dimension to EU partnerships at a time when global development finance, including health ODA, is under growing pressure. Yet, the increasing emphasis on preparedness and resilience, as illustrated by the GHRI, raises important questions about how crisis-readiness can be balanced with sustained investments in primary healthcare and universal health coverage.

Policy analyses consistently underline the need to scale up the Global Gateway through a clearer strategic direction that better aligns geopolitical interests with development cooperation objectives, while preserving the EU's international partnerships approach. Recurrent recommendations include placing transparency and accountability at the centre of operations; improving the Team Europe approach to mobilise resources more effectively; addressing inequalities in project design and implementation; and moving towards more meaningful country ownership and political dialogue with partner countries (Bilal, S., Teevan, C., 2024; [CONCORD, 2026](#)). At the same time, greater strategic alignment should not come at the expense of partner-country autonomy. And this is because resilience for many countries entails retaining the flexibility to engage with multiple international partners rather than being locked into exclusive arrangements (Dietz and Egenhofer, 2024).

In this vein, proposals such as the establishment of a Council on Global Societal Challenges under Pillar II of Horizon Europe offer a potentially transformative governance option. The establishment of dedicated councils has been previously proposed by the Heitor group report (European Commission, 2024a) and by CEPS from its research (Renda, A., 2025). The recent European Parliament draft report on the proposal for establishing Horizon Europe, prepared by the rapporteur Christian Ehler MEP, also introduces the idea of councils to guide collaborative research and innovation. By providing high-level strategic direction for the design of work programmes and research priorities, such a multistakeholder body could enhance coordination across EU research and innovation activities and tighten links with external action priorities, including the Global Gateway.

Enhancing the interface between Horizon Europe (FP10) and external instruments such as the Global Gateway could contribute to a more continuous 'lab-to-market-to-deployment' pathway. Although the Commission's proposal for the 2028-34 Multiannual Financial Framework reinforces the connection between FP10 and the European Competitiveness Fund, it does not establish comparable linkages between FP10 and Global Europe.

Repositioning health within the Global Gateway as a domain where investment, research, innovation and diplomacy converge would allow the EU to move beyond fragmented project delivery towards partnerships grounded in co-creation, shared knowledge and mutual resilience. This is highly pertinent in the context of the next Multiannual Financial Framework, where it is an open question whether health should be primarily channelled through the European Competitiveness Fund or also supported, potentially through blended financing, under Global Europe. It will be essential to better leverage synergies if the Global Gateway is to function not merely as a financing instrument, but as a key part of the EU's long-term global engagement in health.

Taken together, these findings point to several policy implications for boosting the health dimension of the Global Gateway.

First, stronger governance linkages across EU instruments are crucial. The next Multiannual Financial Framework, with NDICI–Global Europe 2.0 and FP10, offers an opportunity to embed the Global Gateway more systematically into the EU’s external financing architecture. Unlike the current phase, where the Global Gateway was launched after adoption of the Multiannual Financial Framework and NDICI–Global Europe, the next programming cycle allows Global Gateway objectives, governance and delivery mechanisms to be integrated *ex ante* into programme design. This would entail, more specifically, aligning funding windows across instruments and optimising the Team Europe approach. It would also involve ensuring interoperability between research, innovation and deployment funding streams, and establishing clearer pipelines to translate research outputs into scalable investments in partner countries.

Second, operationalising a genuine 360-degree approach to health will require rebalancing the weight given to infrastructure and manufacturing in the Global Gateway portfolios towards primary healthcare, health workforce development, regulatory capacity, digital public infrastructure and applied research and innovation. This could involve complementing existing investments with greater support for core health system functions, while also building up links between research, innovation and service delivery. Such an approach may help ensure that investments translate more effectively into improved access, equity and system resilience over time.

Third, preparedness- and resilience-oriented investments should be more explicitly tied to broader objectives on health systems strengthening and universal health coverage, in line with the EU Global Health Strategy. This implies ensuring that investments in pandemic preparedness (such as in surveillance systems, laboratory capacity or countermeasure manufacturing) are embedded within national health systems, augmenting primary healthcare and workforce capacities rather than remaining emergency-driven interventions. Consistent with the GHRI, this would strengthen health resilience at the global, regional and national levels. It would do so by promoting more coherent and accountable architecture for global health, supporting resilient and country-led health systems, enhancing health security, diversifying supply chains through local manufacturing and partnerships, and addressing misinformation through improved public health communication and trust in science.

Fourth, greater transparency, monitoring and evaluation are needed to improve accountability, enable learning and demonstrate development impact. This could involve developing a more robust and harmonised results framework across Global Gateway actions, including clear health-specific indicators. The framework should aim at improving

public access to project-level data, systematically tracking the mobilisation of private finance and development additionality, and supporting independent evaluation mechanisms as well as feedback loops with partner countries and implementing actors.

Finally, increasing partner-country ownership and multistakeholder governance will be essential to ensuring the legitimacy, sustainability and strategic credibility of Global Gateway health partnerships. Findings from CEPS research and previous analytical work (e.g. Lenz, C., Senczyszyn, D., Sergher, E., 2025b) indicate the added value of co-designing programmes with partner countries and jointly identifying priority areas – as already reflected in initiatives such as the Africa-focused calls under Horizon Europe. As an example, [Africa Initiative IV](#) expands EU–Africa cooperation on research and innovation under Horizon Europe through around 30 calls associated with AU–EU priorities. These cover public health, the green transition, innovation and science capacity, while building up partnerships and expanding African participation in collaborative projects.

Increasing co-ownership also implies engagement with regional organisations, civil society, local private sectors, philanthropic actors and research institutions. It would furthermore help preserve the strategic flexibility of partner countries in an ever more competitive geopolitical environment.

Ultimately, the future credibility of the Global Gateway in health will depend not only on the scale of investment mobilised, but also on the EU’s ability to build genuinely collaborative, transparent and long-term partnerships linking research, innovation, industrial capacity, health systems and diplomacy. If effectively aligned with the GHRI and the next Multiannual Financial Framework, the Global Gateway could evolve from a primarily financing instrument into a central pillar of the EU’s long-term engagement on global health.

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APPENDIX. GLOBAL GATEWAY FLAGSHIP PROJECTS ON HEALTH, 2023-26 (2026 CONSOLIDATED LIST)

No	Country/region	Project title	Year first listed	Milestones
1	Ecuador (Latin America)	Drinking water & sanitation systems in Quito	2023	Construction financed; works ongoing
2	Ecuador (Latin America)	Drinking water & sewerage systems — Portoviejo	2023	International tenders launched for construction
3	Mexico, Panama, Costa Rica, Barbados (LAC)	EU–LAC vaccine production & health systems resilience	2023	High-level forum; regulatory cooperation & Inter-American Development Bank (IDB) blending agreements with Barbados & Bahamas
4	Senegal, Rwanda, Ghana, South Africa (sub-Saharan Africa)	Manufacturing and access to vaccines, medicines & health technology products	2023	EIB loan disbursement reported
5	Rwanda (sub-Saharan Africa)	Manufacturing and access to vaccines, medicines and health technology products / BioTainers / biotech capacity building	2023	Financing agreement, BioTainer delivery, biotech training
6	Senegal, Rwanda, Ghana, and South Africa (sub-Saharan Africa)	Manufacturing and access to vaccines, medicines and health technology products in Senegal, Rwanda, Ghana, and South Africa	2023	Institutional development of Ghana Food and Drugs Authority to reach WHO maturity level 4 (pharmacological vigilance already at level 4)
7	Guatemala (Central America)	Social & economic green transition – supporting	2023-24	Feasibility and financing agreements signed

		health-related infrastructure		
8	Sub-Saharan Africa (regional)	Digital Health for Health Systems & Universal Health Coverage consortium	2024	Consortium project launched
9	Mexico (LAC)	EU–LAC Partnership on vaccine production and health systems resilience	2024	LAC business match-making event & signature of contract with Pan American Health Organisation (PAHO)
10	Nigeria (Africa)	MAV+: local production of vaccines and medicines	2024	Financing agreement signed; investment negotiations begun
11	Brazil (South America)	Modernisation of water & sewerage systems (health-related infrastructure)	2024	Loan framework signature
12	Cambodia (Asia)	One Health cross-sectoral health cooperation	2024	Feasibility study published; proposal development underway
13	Rwanda (Africa)	Part of MAV+: Manufacturing and Access to Vaccines, medicines & health technology products in Africa	2024	Launch of Rwanda Bioeconomy Skills & Acceleration Centre; Rwanda FDA reaches WHO maturity level 3; sustainable lab operation planned
14	Peru (Latin America)	Safe drinking water & sustainable urban water management	2024	Included in debt law; extension of EUROCLIMA+ programme
15	Madagascar (Africa)	Salama – support for central drug purchasing	2024	Launch ceremony held

16	Sub-Saharan Africa (regional)	SRHR (sexual and reproductive health and rights) support	2024	Regional advocacy and implementation support finalised
17	Sub-Saharan Africa 2024 Team Europe Support Structure	Team Europe Support Structure for MAV+	2024	High-level steering meeting; UNGA high level meeting on antimicrobial
18	Benin (Africa)	Treatment plant for wastewater (health-related)	2024	Inauguration planned
19	Bolivia (Latin America)	Urban areas' integral water (health component)	2024	Tender and project signature
20	Republic of Moldova (Europe)	Bălți Regional Hospital	2025	Technical design phase milestones
21	Egypt (North Africa)	Healthcare investment expansion	2025	Signature of final agreements
22	Burundi (Africa)	Health System Support Programme III (PASS III)	2025	Improving access to free health services
23	Montenegro (Europe)	Water supply & sanitation reconstruction (health infrastructure)	2025	Construction started
24	Côte d'Ivoire, Madagascar, Nigeria, Uganda, Zambia (Africa)	Safe Birth Africa Project	2025	Scaling medicines & management for postpartum haemorrhage + partnerships
25	Serbia (Europe)	University Children's Hospital Tirova 2 (Belgrade)	2025	Buildings structure finalisation

Source: [List of Global Gateway flagship projects – updates and consolidation.](#)



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